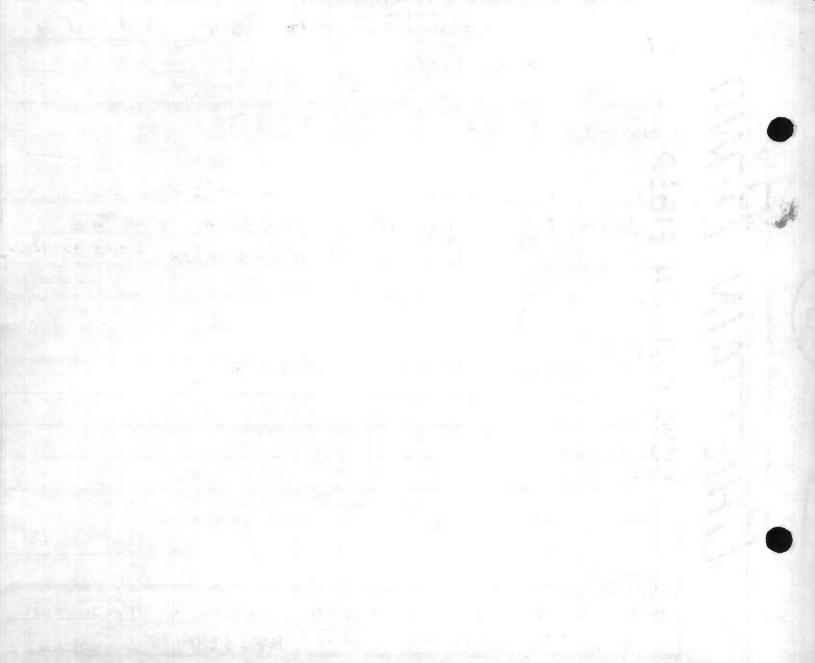
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a DATE OF DEATH MONTH 2h HOUR YEAR (TYPE OR PRINT) Kathleen Dean 3:00 AM March 6, 1987 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF LINDER 2 LAUS female MONTH white Jan. 18, 1926 61 YRS BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Worcester Pennsylvania USA WIDOWEDK DIVORCED [III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Ocean City housewife domestic Elm St Ocean City, Md 30 STATE 1136 COUNTY 13a STREET ADDRESS / ZIP CODE 13c CITY OF TOWN 13d INSIDE CITY LIMITS? Maryland Worcester Ocean City K ON Rt. #1. Elm St. 21842 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE Howard Racine Veronica 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS Rt. #1, Elm St. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 176-20-6845 Lawrence M. Hines no Ocean City, Md. 21842 18 CAUSE OF DEATH (Enter only one cause per line for 10), 1b), and (c)) PART I. DEATH WAS CAUSED BY CARDIOPAL MONORY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. ITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED

PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND
90 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?
		VES TO NOT

IN CERTIFYING CAUSES OF DEATH? YES [NOF 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

HE EITHER NOTHEY MEDICAL EXAMINERS P.M. 19 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY OFFICE FARM, ETC.) WHILE NOT WHITE

220 I certify that (I) (this hospital) attended the deceased from.

saw the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter deoth 226 SIGNATURE DEGREE 22t. DATE SIGNED ATTENDING MEDICAL

224 PHYSICIAN'S NAME (TYPE OF PRINT)

22e ADDRESS

Locust & Quincy, Salisbury, Md. 21801

CITY OR TOWN

Dennis J. Chodnicki, M.D. 230 BURIAL, CREMATION, REMOVAL 236 DATE

3/9/87

231 NAME OF CEMETERY OR CREMATORY Sunset Memorial Park

23d LOCATION Berlin

Worcester

COUNTY

STATE

Md STATE

24 FUNERAL DIRECTOR

Burial

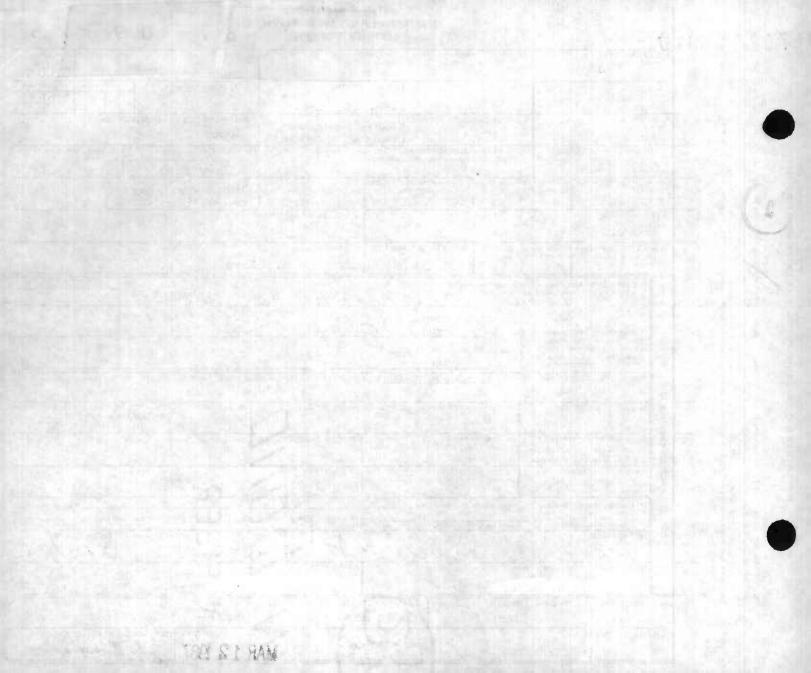
Burbage Funeral Home

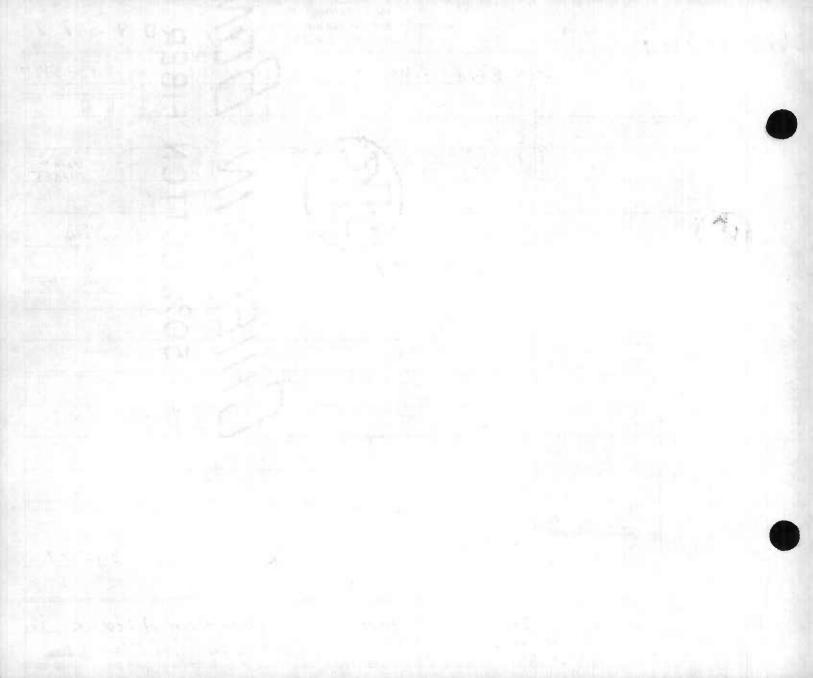
108 Williams St. Berlin, Md. 21811

PHYSICIAN DIRECTOR PHYSICIAN

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)





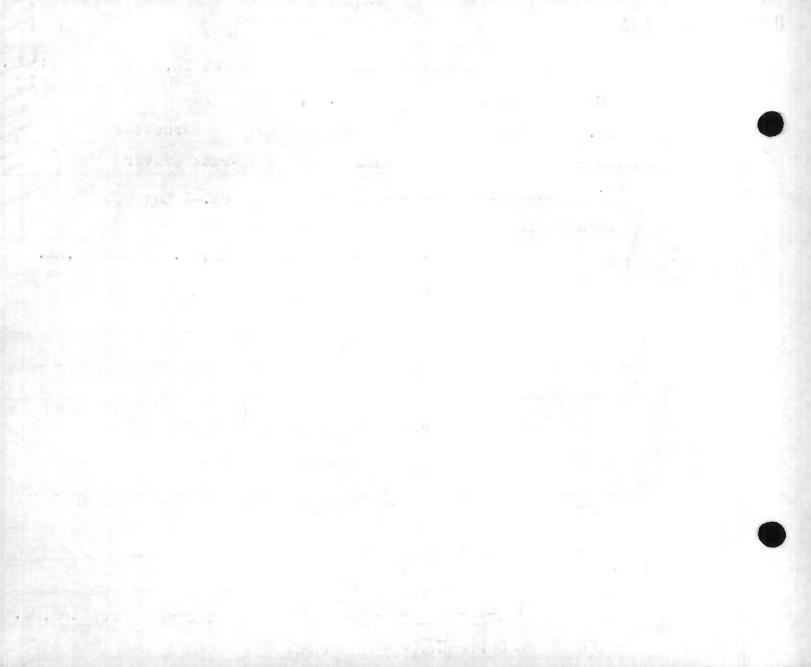
STATE OF MARYLAND 048633 MAR OF STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE I DECEASED NAME 20. DATE KNOWN MONTH 26 HOUR (TYPE OR PRINT) ESTI-Kuth DEATH MATED 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS. 2c. DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED W DEAD 10 Noon O BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED 11 NAME OF HOSPITAL NURSING HOME. GIRDLETREP 4. FATHER'S NAME 160. WAS DECEASED EVER WU.S. ARMED FORCES? 166. SOCIAL SECURITY NO. (YES, NO, OR WHKNOWN) I (IF YES, GIVE WAR OR DATES) Louise E. Schroeder, V CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Embo Li ULMONARU IMMEDIATE CAUSE (o Squamous Cell Carcinomy Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE USE DEPARTMENT OF 31 PRIOR TO BURIA YES 3 NO X 21a EXTERNAL CAUSE WAS TIME OF INTURY 2TE HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 2Tf. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE NOT WHILE CITY OR TOWN COUNTY STATE AT WORK AT WORK Inspection 220. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinian death resulted fram: Accident Suicide Hamicide Undetermined manner PAGE 4 SPUCE TO FUNERAL DIRECTO AFTER DEATH, WITH TITLE (SPECIFY) WORL ACTUAL SIGNATURE EXAMINER'S NAME POCOMOKE (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23d. LOCATION 07/84 BP 25M **DHMH - 17** (VR A15 ME (5))

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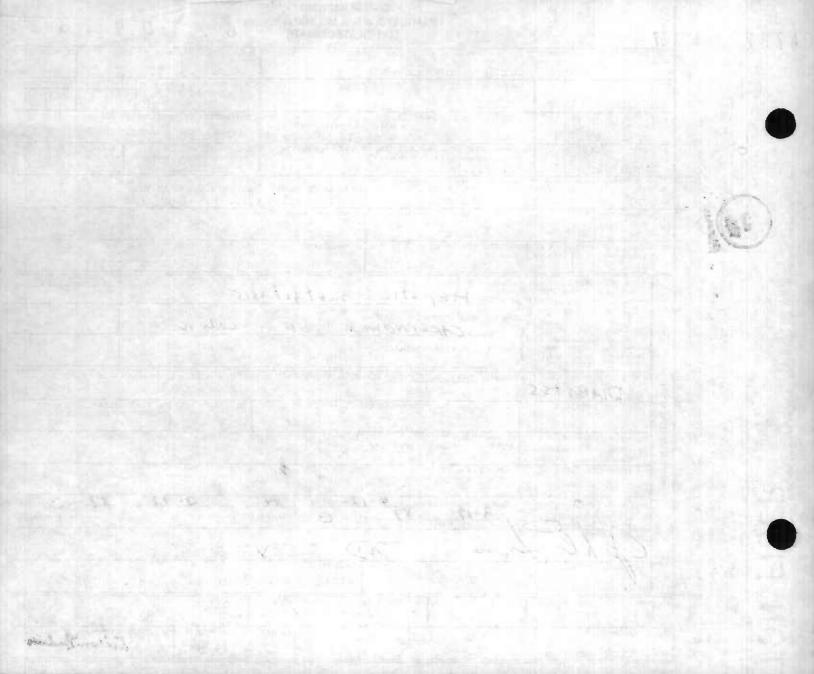
Walter William Committee on the

Berlin, Md. 21811

(VRA 15, 4)

W. Kirk Burbage

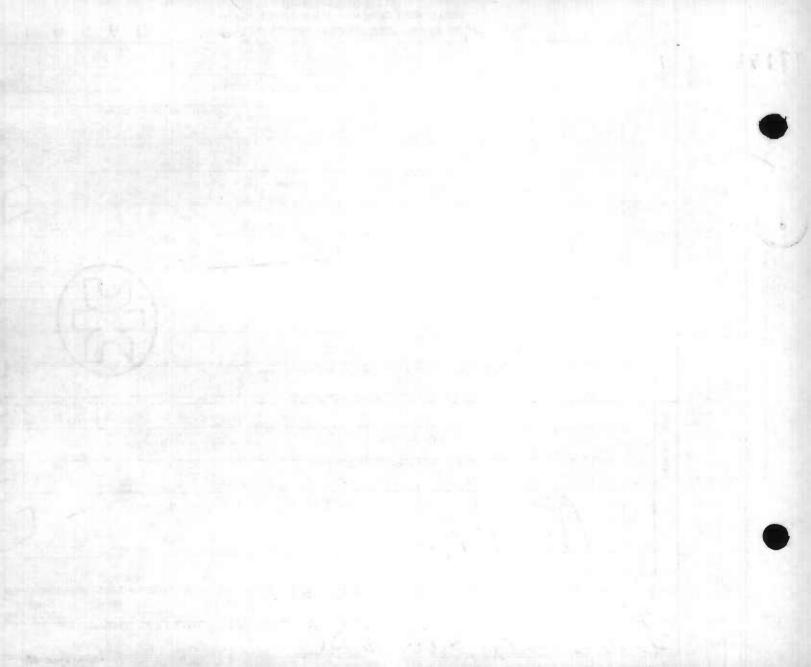
STATE OF MARYLAND



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TESTS I BUNGLE OUT TO THE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME ESTI-87 Ollie Ouillen DEATH MATED 10 4 RACE 5 DATE OF BIIITH & AGE INVENTED IF UNDER 1 YR. IF UNDER 24 HRS. DATE M. HOUR TEAR LADY BRITISHATS PRONOUNCED 87 6:45 Male White August 8 1913 DEAD YRS TO BUTTHPLACE INTAILOR THE CITIZEN OF WHAT COUNTRY! 1 BALTIMORE CITY OR COUNTY OF DEATH MARRIED [] NEVER MARRIED [] Maryland USA WIDOWED IX DIVORCED Worchester County IR CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12s. USUAL OCCUPATION TYPE OF WORK 13% KIND OF BUSINESS Bishopville OF NOT BY SUCH FACULTY, GIVE STREET ADDRESS Self-Employed Rt. 113 Bishopville, MD Electrician USUAL RESIDENCE IN HURSING BOME OF OTHER HISTOLINGS, GIVE RESIDENCE REPORT ADMISSIONS Us. STATE TUNE OUNTY 13c CITY OR TOWN 134 Wille CITY LIMITS? 134. STREET ADDRESS Selbyville Delaware Sussex No X Rt.2 Box 36 Roxana Road 15. MOTHER'S MAIDEN NAME MIDDLE SUDDLE Taylor Thomas Quillen Margaret 14s WAS DECEASED EVER IN U.S. ARMED FORCEST 166. SOCIAL SECURITY NO. 17. INFORMANT LITES, INC. OF UNIONCHINE 222-01-6831 No Michael W. Quillen, Berlin, Maryland II. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Chest Injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying course last PART 2 CITIES SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 1/4 USED AS A E OF HEALTH / RIAL, CREM 19s DATE OF OPERATION 145. CONDITION FOR WHICH OPERATION WAS PERFORMED? 70 AUTOPSYT NO [71¢ EXTERNAL CAUSE WAS 216 TIME OF INJURY THE HOW INJURY OCCURRED LENGTH NATURE OF PULLEY IN THAT IS PART TO PEARLES. UNDERLYING & OR HOUR A.M. MON Driver in auto/auto collision CONTRIBUTING TO CAUSE OF DEATH 214 INJURY OCCURRED TIE PLACE OF INJURY TH LOCATION JAT HOWE Street WHILE AT WORK Rt. 113 Bishopville Worcester MD arge of the remains described above, held an Autopsy X 27a. I certify that I soul Inspection and in my opinion N. death resulted from Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant DATE 3-9-87 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St. Balto., MD 21201 TYPE OR PRINT TIL BURIAL CREMATION REMOVAL TIL DATE THE NAME OF CEMETERY OR CREMATORY 2M LOCATION 3-12-87 Burial Evergreen Cemetery Berlin Worcester Maryland 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE DHMH - 17 ADDRESS < OVE ALS ME (SD)



14 6 3 4 3 MAR 27	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH	G. NO. 0 9 5 8 5
nay be poge 3	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEA (TYPE OR PRINT) Joyce Elvine Reynolds	ch 17, 1987 6:00 11 _M
ge 4 may ector, po ers ofter d	Femule 1 RACE S. DATE OF BIRTH MONTH 12 - 6 - 24 6 AGE (INYEARS L. 12 - 6 - 24 62	AST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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BALTIMORE, core be execut on the core of core be execut on the core of	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT (195. NO OR UNKNOWN) (197. S. GIVE WAR OR DATES) 219-12-1646 Mr. Kenneth Reynolds	, Ocean City, Md.
T., BALT	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CAPOLAE ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON S	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	5
RDS, 301 equires finance Then pleat to buright	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir ottending physicion. Ifter this certificote hos been sig os the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked on Henri 8 shows gay injury	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY YES NO 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY	IN CERTIFYING CAUSES OF DEATH?
ON OF VITA	OR CONTRIBUTION CONTRIBUTION TOUR A.M. MONIT DAY TEAK	OF INJURY IN ITEM 18, PART 1 OR PART 2)
DIVISION DING PHYS or offending After this or is os the bur oith and Me	OK CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. NOT WHILE AT WORK AT WORK 21d. NOT WHILE AT WORK CITY	ORTOWN COUNTY STATE
TTENDING prod or o TTOR: Aftr for use os of Health	270.1 certify that (1) (this hospital) and ended the deceased from 19 10 10 10 10 10 10 10 10 10 10 10 10 10	the date and hour and from the causes stated
he has he has DIREC DOREC S Dept.	276. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR P	STAFF HYSICIAN 3-18-87
TO HOSPITAL: retained by the TO FUNERAL should be dero with the State MAPORTANT. If	22d PHYSICIAN'S NAME (TYPE OR PRINT) STEPHEN F. WATERS 22e ADDRESS CLEAN LITY MEDICA	AL CENTER
2 5 € 3 ₹	236 BURIAL, CREMATION REMOVAL 236 DATE Smithsburg Cemetery Smithsburg Cemetery Smithsburg Smithsburg Smithsburg Smiths	OUNTY STATE
DHMH-16 60M 1/73 (VR A 15 (4))	250 DATE REC'D. BY REGIS	187 REGISTRAR'S SIGNATURE

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				STATE	OF MARYLAND					
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e 6 ±		OR PRINT)	-		11/0/100	20 DATE OF L	Ma.	19	1987	
moy be page 3 er death	3. SE	Willia	n trank	S. DATE C	FRIDTH	A AGE LINYEA	ARS EAST BIRTHDAY	O IFU	NDER I YEAR	IF UNDER 24 HRS
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direct days	70. BI	RTHPLACE (STATE OR FOREIGN)	COUC.	05		9 BALTIMOR	E CITY OR CO	VRS OUNTY OF	DEATH	
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A Light	-	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	URSING HOME C		120 USUAL O	CCUPATION			F BUSINESS OR
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	1000	ADDRESS			
1 50 4		No	219-	36 581	Frances D.	Waller,	Ocean	City		
1 201		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line for 10 , (b, and ic					BETWEEN	MATE INTERVAL
4 4 4 4			CAUSE (0) PN	tum N	115				134	up
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71111	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOR			ERE FINDIN	
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Z 1 0 0 1 8 0	CER	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTERNATI	JRE OF INJURY IN	ITEM 18 PART	OR PART 2)	
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E III	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORY, O	FFICE FARM ETC)	21f LOCATION STREET		CITY OR TOWN		COUNTY	STATE
25 35 5		AT WORK AT WORK		2		A 43	1510		8-7	
Hook and a		22a certify that (I) (the hospits	23-23-2-1-2	rom F	d that in (my) (com) opinion			, 19.		that (1) (are) last
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HOSPITAL FUNERAL sold be det to the State ORTANT		22 PHYSICIAN'S NAME (TYPE OR	PRINT)	70-	PHYSICIAN)	DIRECTOR	PHYSICIAN			
HOSPI FUNE Mid be Mid be ORTA		Robert LaMa	r M.D.	~	104 Bay Stre	eet. Sno	ow HIII	. MD	21863	
0 0 0 0 1 3	23a E	URIAL, CREMATION, REMOVAL	23b. DATE	23t NAME OF C	EMETERY OR CREMATORY	23d LOCAT	ION	,		
BP		Burial	3/20/87	All Hal	lows Episcapo	1	Snow :	Hill.	Mary]	land
DHMH - 16 60M 7/B4	24 FL	INERAL DIRECTOR		DEEC		TE REC'D. BY RE	GISTRAR 256	REGISTRA	S SIGNATI	URE
(VRA 15, 4)		Norman F. Denni	ls, Snow Hill	l, Maryl	and MAO	20198	7 130	a Disti	lessa. Kan	Lest.Th.

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				STATE OF MARYLAND							
47585 MAR I	918	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE B REG. NO	09587					
		EASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26. HOUR					
, 60 e	(TYPE	RALPH RALPH	A	WILLIAMS		3 13 87 6:08 PM					
200	3. SEX		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS					
rs offer	,	MALE	WHITE	2 8 1903	84						
2 de 201		THPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH					
10 11 27		° MARYLAND	U.S.	WIDOWED DIVORCED	WORCESTE	R MD.					
offer of wife for	10. CI	BERLIN	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET BERLIN NURSING		120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF THE OF WORK FOR MOST OF THE OWNED BEAUT	F WORKING LIFE) INDUSTRY					
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NO 24 Page 1		D. WICO			CAREY AVE	21801					
Thur thin thin		THER'S NAME		15. MOTHER'S MAIDEN NA	ME						
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BALTIMORE, MARYLAND 2120 ecuted within 24 hours and completely filled in by the ropes 1 filed 2 should be fill yol. the medical exampler makede of		'AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	375A 408 Dover S	3 Humphreys	SS					
IMO Sale		Y- VETERAN	218-20-5	375A 408 Dover S	treet, Salisbi	ory, Md. 21801					
BALT		18 CAUSE OF DEATH (Enter on	nly ane cause per line for (a), (b), and D BY:	d ic y		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
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he death control of the death control of the contro			DUE TO, OR AS A CONSEQUE	ENCE OF							
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DIVISION OF VITAL RECORDS, 201 W NG PHYSICIAN: The low requires that attenting physician. Of the burid-transit permit. Then please th and Mental Hygiene prior to burial, or orked or frem 18 shows any injury, an oth		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0									
sign sign hen to bu	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	SHON GIVEN IN PART 110					
BCOR on re-	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED						
the lo	TIFIC				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO					
VITA Nysicic Coote Coote Pygin B sho	CER	210. ACCIDENT WAS UNDERLYING	THE PARTY OF THE P	AY YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)					
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OR A DIRECTOR		22b. SIGNATURE	0 . /	DEGREE ATTENDING	MEDICAL STAF	22c DATE SIGNED					
A A A B B B B B B B B B B B B B B B B B		11910	12/	PHYSICIAN [DIRECTOR PHYSIC						
HOSPITAL ned by th FUNERAL old be det othe State	16	/	OR PRIMITY	22e ADDRESS U.S.	.113, @ RT. 3	46 BERLIN NURSING					
O HOSPIT TO FUNER should be a with the Ste		LILAH GONZÁLES		Berlin, M		HOME					
	23a. B	URIAL, CREMATION, REMOVAL Burial		NAME OF CEMETERY OR CREMATORY	274 LOCATION	W: COUNTY					
BP		BUTIAL DIRECTOR	3/17/1987	Parsons Cemetery		Wicomico, M					
DHMH - 16 50M 4/82	1	Holloway Funera	l Home, P.A., ºSali	sbury, Maryland	17 1987.	SO REGISTRAR'S SIGNATU					

(VRA 15, 4)

